

**ASSOCIATE POWER OF
ATTORNEY
And
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/735,989
Filing Date	12/13/2000
First Named Inventor	Johan H. Geerke
Title	Dosage forms having a barrier layer to laser ablation
Art Unit	1615
Confirmation Number	5705
Examiner Name	Thurman K. Page
Attorney Docket Number	ARC 2940 R1

I hereby appoint:

☒ Practitioners associated with the Customer Number: **30766****OR**☐ Practitioner(s) named below:

Name	Registration Number

as Associate Attorney of Record to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **27777****OR**☐ The address indicated below:

Firm/Individual					
Address					
Address					
City		State		Zip	
Telephone		Fax			

I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*☒ Attorney/Agent of Record

SIGNATURE OF Applicant, Assignee of Record, Attorney, or Agent

Name	Samuel E. Webb	Registration No.	44,394
Signature			
Date	2/23/04	Telephone	650-564-5106

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.